

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA**

In re:

CH-11 CIRCUIT CITY STORES, INC

("the Debtors")

Chapter 11

Case No. 08-35653

Claim. No.:13590

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED CREDITOR,
FRANKLIN ELECTRONIC PUBLISHERS, INC., IN THE AMOUNT OF \$270,036.00, TO VONWIN CAPITAL
MANAGEMENT, LP**

To Transferor:

Franklin Electronic Publishers, Inc.
Frank Musto, VP
One Franklin Plaza
Burlington, NJ 08016

PLEASE TAKE NOTICE that the transfer of \$270,036.00 of the above-captioned §503 (b) (9) claim has been transferred to:

Transferee:

VonWin Capital Management, LP
Attn: Roger Von Spiegel, Managing Director
261 Fifth Avenue, 22nd Floor
New York, NY 10016

The evidence of transfer of claim is attached hereto. A copy of the claims agent website listing the claim and a copy of the Proof of claim is attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2009.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent ☐ Transferee ☐ Debtors's Attorney ☐

Deputy Clerk

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA

In re:

Ch-11 Circuit City Stores, Inc.

Debtor

Case No. 08-35653

Chapter 11

**NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of Franklin Electronic Publishers, Inc. ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s), including but not limited to the following:

Proof of Claim Amount	Proof of Claim No.
\$270,036.00	13590

have been transferred and assigned to VonWin Capital Management, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: VonWin Capital Management, L.P.

Address: 261 Fifth Avenue, 22nd Floor
New York, NY 10016

Signature: _____

Name: **Roger Von Spiegel**

Title: **Managing Director**

Date: _____

ASSIGNOR: Franklin Electronic Publishers, Inc.

Address: One Franklin Plaza
Burlington, NJ 08016

Signature: _____

Name: **FRANK MUSTO**

Title: **VP & CFO**

Date: _____

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA RICHMOND DIVISION		ADMINISTRATIVE EXPENSE CLAIM AND REQUEST FOR PAYMENT	
In re: Circuit City Stores, Inc., et al., Debtor		Chapter 11 Case No. 08-35653	
Name of Creditor and Address: Franklin Electronic Publishers, Inc. One Franklin Plaza Burlington, NJ 08016		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement given particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Attorney or Representative (if applicable) and Address: Gregory Winsky, Esquire Franklin Electronic Publishing, Inc. One Franklin Plaza Burlington, New Jersey 08016			
Creditor Telephone Number 609-386-2500			
CREDITOR TAX ID#: 22-2476703		Check here { <input type="checkbox"/> replaces or a previously filed claim If this claim <input type="checkbox"/> amends dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Vendor #71058			
1. BASIS FOR ADMINISTRATIVE CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death/property damage <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Your social security number _____ <input type="checkbox"/> Contractual or lease obligations Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. DATE DEBT WAS INCURRED 11/25/08 - 1/6/09		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:		\$270,036.00 (Total)	
If all or part of your claim is secured, also complete Item 5 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of set off) Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other _____ Value of collateral: \$ _____		7. Offsets, Credits and Setoffs: <input checked="" type="checkbox"/> All payments made on this claim by the Debtors have been credited and deducted from the amount claimed herein. <input checked="" type="checkbox"/> This claim is not subject to any setoff or counter claim. <input type="checkbox"/> This claim is subject to setoff or counter claim as follows: _____	
6. Please identify the Debtor against whom you claim is asserted: _____		8. This Administrative Proof of Claim: <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein <input type="checkbox"/> amends/supplements a proof of claim filed on _____, or <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	
9. Assignment: <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.		THIS SPACE FOR COURT USE ONLY	
DATE SIGNED: 6/19/09		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any) Debra C. Ruane, Assistant Treasurer	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Creditor Data for Claim Number 13590

[Help](#)

Creditor: Franklin Electronic Publishers Inc One Franklin Plz Burlington, NJ 08016	Date Claim Filed: 6/22/2009 Claim #: 13590																																																	
Notice Party(ies): Gregory Winsky Esq Franklin Electronic Publishing Inc One Franklin Plz Burlington, NJ 08016																																																		
Debtor Name: Circuit City Stores, Inc. Debtor Case Number: 08-35653																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Schedule Amount</th> <th style="width: 5%;">C*</th> <th style="width: 5%;">U*</th> <th style="width: 5%;">D*</th> <th style="width: 25%;">Filed Claim Amount</th> <th style="width: 30%;">Present Claim Amount</th> </tr> </thead> <tbody> <tr> <td>GU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AP</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$270,036.00</td> <td style="text-align: right;">\$270,036.00</td> </tr> <tr> <td>AS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$270,036.00</td> <td style="text-align: right;">\$270,036.00</td> </tr> </tbody> </table>			Schedule Amount	C*	U*	D*	Filed Claim Amount	Present Claim Amount	GU							PRI							SEC							AP					\$270,036.00	\$270,036.00	AS							TOTALS					\$270,036.00	\$270,036.00
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<small>*C=Contingent, U=Unliquidated, D=Disputed</small>																																																		

Transfer History

Date Filed	Date Effective	Transfer Type	Transferor	Transferee	Status
No records found					

Objection History

Date Created	Name	Basis	Status
No records found			

Claim Withdrawal History

Date Filed	Docket Number	Document Name	File Size
No records found			

Stipulation History

Date Filed	Docket Number	Document Name	File Size
No records found			

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Without limiting the generality of the foregoing, any failure by a debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an admission that such amounts are not "disputed", "contingent", or "unliquidated". Further, each debtor reserves the right to amend their Schedules and Statements of Financial Affairs as necessary and appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their schedules or filed against a Debtor, including objecting to the amount, liability classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed", "contingent", or "unliquidated".